

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE
1st Floor
 Check if different than previously reported. (ACC)
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00343137
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on [] [] [] in the State of []
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of []

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer William J. Robb, III, MD

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 04 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 932940.54 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1101147.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 101405.36 | 1124319.34 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1202552.36 | 2057259.88 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 946826.19 | 1801533.71 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 255726.17 | 255726.17 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 87917.34 | 1001105.72 |
| (i) Itemized (use Schedule A) | 8891.00 | 76595.68 |
| (ii) Unitemized | 96808.34 | 1077701.40 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 96808.34 | 1077701.40 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 2955.50 | 16913.11 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 1641.52 | 24704.83 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 101405.36 | 1124319.34 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 101405.36 | 1124319.34 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 2021.19 | 29228.71 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 2021.19 | 29228.71 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 267000.00 | 1094500.00 |
| 24. Independent Expenditure (use Schedule E) | 667805.00 | 667805.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 10000.00 | 10000.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 946826.19 | 1801533.71 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 946826.19 | 1801533.71 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 96808.34 | 1077701.40 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96808.34 | 1077701.40 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2021.19 | 29228.71 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 2955.50 | 16913.11 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -934.31 | 12315.60 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 6300 N River Road | | Transaction ID: 28777743 |
| City Rosemont | State IL | Zip Code 60018 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 934.31 |
| Name of Employer | Occupation | Refund from affiliated or- organization for bank fees |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 14891.92 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons | | Date of Receipt MM / DD / YYYY 11 / 18 / 2008 |
| Mailing Address 6300 N River Road | | Transaction ID: 28912094 |
| City Rosemont | State IL | Zip Code 60018 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2021.19 |
| Name of Employer | Occupation | Refund of bank fees from affiliated organization |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 16913.11 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2955.50 |
| TOTAL This Period (last page this line number only) | 2955.50 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 / 113 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | |
|---|--|-----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. K Nicholas Pandelidis, MD | | Date of Receipt |
| | Mailing Address 1855 Powder Mill Rd | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | York | PA | 17402-4723 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28779973 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/> |

| | | | |
|---|---|-----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Julie Ann Long, MD | | Date of Receipt |
| | Mailing Address 700 Forest Ave | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Orono | ME | 04473-3002 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28779974 |
| Name of Employer Down East Orthopaedic Associates | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/> |

| | | | |
|---|---|-----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Alan Pechacek, MD | | Date of Receipt |
| | Mailing Address 616 W Forest Ave | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Jackson | TN | 38301-3902 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28779977 |
| Name of Employer Jackson Clinic, P.A. | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="250.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Thomas R Huberty, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 2111 Ogden Ave | Transaction ID: 28779979 |
| | City State Zip Code Aurora IL 60504-7597 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Castle Orthopaedics Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Thomas A Marberry, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 4802 S 109th East Ave | Transaction ID: 28779980 |
| | City State Zip Code Tulsa OK 74146-5822 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Tulsa Bone & Joint Associates Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 1771 Post Rd E | Transaction ID: 28779982 |
| | City State Zip Code Westport CT 06880-5606 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Self Employed Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Rosemarie M Morwessel, MD

Mailing Address 2860 B Dauphin St

City State Zip Code
Mobile AL 36606

FEC ID number of contributing federal political committee. **C**

Name of Employer
Azalea Orthopaedics & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2008

Transaction ID: 28779984

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Peter Tomasello, DO

Mailing Address 1724 E Hallandale Beach Blvd

City State Zip Code
Hallandale Beach FL 33009-4611

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2008

Transaction ID: 28779985

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lloyd E Witham, MD

Mailing Address 1107 Ironwood Dr

City State Zip Code
Coeur D Alene ID 83814-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2008

Transaction ID: 28779986

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Joseph W Clark, , MD | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 |
| | Mailing Address The Orthopaedic Center 927 Franklin St SE Ste 3 | Transaction ID: 28779987 |
| | City Huntsville State AL Zip Code 35801-4305 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. James J Hamilton, , MD | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 |
| | Mailing Address 8736 Cherokee Ct | Transaction ID: 28779988 |
| | City Leawood State KS Zip Code 66206-1104 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer University Physician Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Richard H Rothman, , MD | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 |
| | Mailing Address Dept of Ortho Surg 925 Chestnut St 5th Fl | Transaction ID: 28779989 |
| | City Philadelphia State PA Zip Code 19107-4206 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Steven I Grindel, MD

Mailing Address Dept of Ortho Surg
9200 W Wisconsin Ave

City Milwaukee State WI Zip Code 53226-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 10 / 17 / 2008
Transaction ID: 28779990
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark Reid Merrell, MD

Mailing Address 821 Swift Blvd

City Richland State WA Zip Code 99352-3513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2008
Transaction ID: 28780208
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory P Duff, MD

Mailing Address 4409 NW Anderson Hill Rd

City Silverdale State WA Zip Code 98383-6807

FEC ID number of contributing federal political committee. **C**

Name of Employer West Sound Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2008
Transaction ID: 28780210
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Kurt W Rathjen, MD
Mailing Address 411 N Washington Ste 7500
City State Zip Code
Dallas TX 75246-1737
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 17 / 2008
Transaction ID: 28780213
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher John Lang, MD
Mailing Address 1215 W Chaucer
City State Zip Code
Spokane WA 99208-8675
FEC ID number of contributing federal political committee. **C**
Name of Employer Spokane Orthopedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 17 / 2008
Transaction ID: 28780214
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. James R Dyreby, MD
Mailing Address Northland Orthopaedic Assoc, S C
444 E Timber Dr
City State Zip Code
Rhineland WI 54501-2852
FEC ID number of contributing federal political committee. **C**
Name of Employer Northland Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 10 / 17 / 2008
Transaction ID: 28780218
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Lawrence Berson, , MD

Mailing Address 410 Saybrook Rd Ste 100

City Middletown State CT Zip Code 06457-4780

FEC ID number of contributing federal political committee. **C**

Name of Employer MOS, PC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28780219
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Harlan C Amstutz, , MD

Mailing Address Joint Replacement Institute
2200 W Third St Ste 400

City Los Angeles State CA Zip Code 90057-1937

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28780221
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. John F Irving, , MD

Mailing Address 199 Whitney Ave

City New Haven State CT Zip Code 06511-3786

FEC ID number of contributing federal political committee. **C**

Name of Employer The Orthopaedic Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28780222
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth Ortega, DO

Mailing Address 1903 Sunset Ave

City State Zip Code
Utica NY 13502-5617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mohawk Valley Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2008

Transaction ID: 28780223

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr. Darin T Leetun, MD

Mailing Address Portage Health
500 Campus Dr

City State Zip Code
Hancock MI 49930-1569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Portage Health Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2008

Transaction ID: 28780224

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Karl E Rathjen, MD

Mailing Address Dept of Orthopaedics
2222 Welborn St

City State Zip Code
Dallas TX 75219-3924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Scottish Rite Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2008

Transaction ID: 28780225

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1375.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dr. James B Manning, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 | |
| | Mailing Address 2680 Crimson Canyon Dr | | Transaction ID: 28780227 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Las Vegas | NV | 89128-0841 | 200.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | | |
|---|---|------------------------------------|---|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dr. Peter J Nowotarski, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 | |
| | Mailing Address 979 E 3rd St Ste C220 | | Transaction ID: 28781758 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Chattanooga | TN | 37403-3314 | 500.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University Orthopaedics | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|---|------------------------------------|---|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Harry S Smith, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8 | |
| | Mailing Address 550 Club Ln | | Transaction ID: 28781759 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Conway | AR | 72034-3681 | 250.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Conway Orthopaedic & Sports Med | | Occupation Orthopaedic Surgeons | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 950.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey V Dermksian, MD

Mailing Address 36 W 60th St

City State Zip Code
New York NY 10023-7903

FEC ID number of contributing federal political committee. **C**

Name of Employer: Riverside Orthopaedics & Sports Med
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28781762
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Christopher O'Grady, MD

Mailing Address One Shoreline PI

City State Zip Code
Gulf Breeze FL 32561-4552

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28781765
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Harry N Herkowitz, MD

Mailing Address Medical Office Bldg
3535 W 13 Mile Rd Ste 744

City State Zip Code
Royal Oak MI 48073-6770

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 28781766
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Javad Parvizi, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 925 Chestnut St - 5th Fl | Transaction ID: 28781767 |
| | City Philadelphia State PA Zip Code 19107-4206 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Rothman Institute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. John David Ramsay, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 400 22nd Ave | Transaction ID: 28784383 |
| | City Brookings State SD Zip Code 57006-2450 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Paul Vessa, MD | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 1081 Route 22 West | Transaction ID: 28784384 |
| | City Bridgewater State NJ Zip Code 08807-2921 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Somerset Ortho Assoc Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Curtis Merle Steyers, Jr, MD

Mailing Address 2751 Northgate Dr Ste 1

City Iowa City State IA Zip Code 52245-9509

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28784385

Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Dr. Fernando Rojas, , MD

Mailing Address Terralinda 25 Sevilla St

City Caguas State PR Zip Code 00725

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28784396

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven O Smith, , MD

Mailing Address PO Box 11230

City Fort Smith State AR Zip Code 72917-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer River Valley Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28784397

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Armen Khachatryan, MD

Mailing Address Center of Orthopedic Rehabilitatio
3584 W 9000 South Ste 405

City State Zip Code
West Jordan UT 84088-5712

FEC ID number of contributing federal political committee. **C**

Name of Employer lasis Health Care Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28784399

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael M Albrecht, MD

Mailing Address Austin Surgical Hosp Bldg
3003 Bee Cave Rd Ste 201

City State Zip Code
Austin TX 78746-5550

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Ortho Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28785080

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven Douglas K Ross, MD

Mailing Address Dept of Orthopaedics-UCI
101 City Dr So, PAV III Rm 210

City State Zip Code
Orange CA 92868

FEC ID number of contributing federal political committee. **C**

Name of Employer UCI Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28785093

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Peter W Gilmer, , MD

Mailing Address 3211 Moore's Mill Rd

City State Zip Code
Rougemont NC 27572-7539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Triangle Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819861

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert A Gurtler, , MD

Mailing Address 2192 Wagon Trail Rd

City State Zip Code
White Heath IL 61884-9314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carle Clinic Assoc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819862

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lew C Schon, , MD

Mailing Address 3333 N Calvert St Ste 400

City State Zip Code
Baltimore MD 21218-6501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union Memorial Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819863

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Beth A Purdy, MD

Mailing Address 1001 E Griswold Rd Unit 5

City State Zip Code
Phoenix AZ 85020-3776

FEC ID number of contributing federal political committee. **C**

Name of Employer
The Orthopedic Clinic Association

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819864

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Herbert I Hermele, MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City State Zip Code
Fairfield CT 06824-5340

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Specialty Group

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819865

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Steven R Garfin, MD

Mailing Address UCSD Dept of Orthopaedics
350 Dickinson St Ste 121

City State Zip Code
San Diego CA 92103-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer
UCSD

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819866

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Ray M Fitzgerald, MD
Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KSF Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 28819867
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles Cannon Edwards, II, MD
Mailing Address 308 N Wind Rd

City State Zip Code
Towson MD 21204-6728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Maryland Spine Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 28819869
 Amount of Each Receipt this Period
 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary David Botimer, MD
Mailing Address 13753 Locust Ln

City State Zip Code
Nampa ID 83686-9367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salzer Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 28819871
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. James Cornelius Thriffley, IV, MD

Mailing Address 2010 Lantana Cove

City State Zip Code
Biloxi MS 39532-4125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819872

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dr. David M Oster, , MD

Mailing Address 5290 S Geneva Way

City State Zip Code
Englewood CO 80111-6203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Denver-Vail Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819873

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Leroy Robert Fullerton, Jr, MD

Mailing Address 811 13th St
Bldg 3 Ste 20

City State Zip Code
Augusta GA 30901-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates of Augusta Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819874

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | |
|---|--|------------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD | | Date of Receipt | |
| | Mailing Address 1609 Red Rock Dr | | M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819875 |
| | Gallup | NM | 87301-5651 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 100.00 | |
| Name of Employer US Public Health Service, IHS | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD | | Date of Receipt | |
| | Mailing Address 525 St Mary St | | M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819876 |
| | Thibodaux | LA | 70301-2627 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Thibodaux Orthopaedics | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Joe Mack Todd, , MD | | Date of Receipt | |
| | Mailing Address 1300 W Rosedale Ste B | | M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819877 |
| | Fort Worth | TX | 76104-2824 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 100.00 | |
| Name of Employer Texas Health Care | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Robert A Arciero, , MD

Mailing Address The Medical Arts & Research Bldg
263 Farmington Ave

City State Zip Code
Farmington CT 06034-4037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Connecticut Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819878

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David J Bozentka, , MD

Mailing Address 1 Cupp Pavilion
39th and Market St

City State Zip Code
Philadelphia PA 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Pennsylvania Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819892

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bryan D Den Hartog, , MD

Mailing Address Attn: Diane
7220 South Hwy 16

City State Zip Code
Rapid City SD 57702-8708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Black Hills Orthopedic & Spine Center Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819893

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Perry L Schoenecker, MD | Date of Receipt MM / DD / YYYY 10 / 21 / 2008 |
| | Mailing Address 2001 S Lindbergh Blvd | Transaction ID: 28819894 |
| | City State Zip Code Saint Louis MO 63131-3504 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Washington Univ School of Medicine Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. John S Taras, MD | Date of Receipt MM / DD / YYYY 10 / 21 / 2008 |
| | Mailing Address 834 Chestnut St Ste G-114 | Transaction ID: 28819895 |
| | City State Zip Code Philadelphia PA 19107-5127 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PHC Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Stephen Davis Lucey, MD | Date of Receipt MM / DD / YYYY 10 / 21 / 2008 |
| | Mailing Address 201 E Wendover Ave | Transaction ID: 28819897 |
| | City State Zip Code Greensboro NC 27401-1205 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew J J Kirsch, , MD

Mailing Address 801 36th St NW

City State Zip Code
Austin MN 55912-6662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Austin Medical Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819898

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lorence W Trick, , MD

Mailing Address 7703 Floyd Curl Dr MC 7774
Dept of Orthopaedics

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UTHSCSA Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819899

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sean David Toomey, , MD

Mailing Address 601 Broadway Ste 600

City State Zip Code
Seattle WA 98122-5330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Proliance Surgeons Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819900

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Doreen DiPasquale, MD

Mailing Address 2103 Murcia Ct

City

La Jolla

State

CA

Zip Code

92037-6942

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819901

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank M Berkklach, MD

Mailing Address 2011 Murphy Ave Ste 309

City

Nashville

State

TN

Zip Code

37203-2047

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819905

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Anthony Wright, MD

Mailing Address 5050 N Clinton

City

Fort Wayne

State

IN

Zip Code

46825-5822

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 28819906

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | |
|---|--|-----------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dr. Jefferson C Brand, Jr, MD | | Date of Receipt | |
| | Mailing Address 1500 Irving | | M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819910 |
| | Alexandria | MN | 56308-2515 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 250.00 |
| Name of Employer Alexandria Orthopaedic Associates | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---|--|-----------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dr. Arnold Abraham Yashar, , MD | | Date of Receipt | |
| | Mailing Address 5531 Taft Ave | | M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819914 |
| | La Jolla | CA | 92037-7643 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 250.00 |
| Name of Employer Kaiser Permanente | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 500.00 | | |

| | | | | |
|---|---|-----------------------------------|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Bernard F Morrey, , MD | | Date of Receipt | |
| | Mailing Address 200 1st St SW | | M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28819922 |
| | Rochester | MN | 55905-0001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 100.00 |
| Name of Employer Mayo Clinic | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 300.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. John English Feighan, , MD

Mailing Address 2260 Harcourt Dr

City Cleveland Heights State OH Zip Code 44106-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 28819923
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Keith W Miller, , MD

Mailing Address Central Indiana Ortho
3600 W Bethel Ave

City Muncie State IN Zip Code 47304-5407

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Indiana Orthopedi-
cs Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 28819924
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Dr. Bert C Callahan, , MD

Mailing Address 705 S University Ave Ste 150

City Beaver Dam State WI Zip Code 53916-3071

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 28819925
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Peter Dwight Wirtz, MD
Mailing Address 2813 NE 28th St
City Fort Lauderdale State FL Zip Code 33306-1915
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 20 / 2008
Transaction ID: 28819926
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles D Van Meter, MD
Mailing Address 201 Pennsylvania Pkwy Ste 200
City Indianapolis State IN Zip Code 46280-1393
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 20 / 2008
Transaction ID: 28819927
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kieran Daniel Cody, MD
Mailing Address 800 W State St Ste 202
City Doylestown State PA Zip Code 18901-5842
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 21 / 2008
Transaction ID: 28819939
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Stephane Lavoie, MD

Mailing Address 740 W Plymouth Ave

City State Zip Code
Deland FL 32720-3282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florida Orthopedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819940

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony J Shaia, MD

Mailing Address 7650 E Parham Rd Ste 100

City State Zip Code
Richmond VA 23294-4376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEOC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819944

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lowry Jones, Jr, MD

Mailing Address Dickson Diveley Midwest Orthopedic
3651 College Blvd

City State Zip Code
Leawood KS 66211-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dickson Diveley Midwest Ortho Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819945

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Benjamin D Rubin, , MD

Mailing Address Orthopaedic Specialty Institute
280 S Main Ste 200

City Orange State CA Zip Code 92868-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 28819946
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Dr. A Herbert Alexander, , MD

Mailing Address 100 Hospital Dr Ste 100
PO Box 6997

City Ketchum State ID Zip Code 83340-6997

FEC ID number of contributing federal political committee. **C**

Name of Employer Alexander Orthopaedics, PA Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 28819947
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward W Younger, III, MD

Mailing Address 6555 Coyle Ave Ste 235

City Carmichael State CA Zip Code 95608-0370

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 28819948
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Von L Evans, Jr, MD

Mailing Address 11797 S Freeway Ste 346

City State Zip Code
Burleson TX 76028-7035

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: 28819987
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Abhinav Bobby Chhabra, MD

Mailing Address Dept of Orthopaedics
400 Ray C Hunt Dr Ste 330

City State Zip Code
Charlottesville VA 22903-2980

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Virginia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: 28819989
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. A Bruce Reid, MD

Mailing Address 806 Maple Dr

City State Zip Code
Griffin GA 30224-4919

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho & Sports Injury Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: 28819992
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. John S Early, , MD

Mailing Address 3921 Marquette St

City State Zip Code
Dallas TX 75225-5432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Orthopaedic Associa- Orthopaedic Surgeon
tes

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819994

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert H Harrington, , MD

Mailing Address 7 Marsh Brook Dr Ste 205

City State Zip Code
Somersworth NH 03878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seacoast Orthopedics and Orthopaedic Surgeon
Sports Medici

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819995

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William C McMaster, , MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code
Orange CA 92868-3856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28819996

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. William James Jekot, MD

Mailing Address 1029 N Highland Ave

City State Zip Code
Murfreesboro TN 37130-2450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Premier Ortho Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 28820000

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Russell A Wagner, MD

Mailing Address UNT Health Science Ctr Patient Car
855 Montgomery St Fifth Fl

City State Zip Code
Fort Worth TX 76107-2553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823754

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rudolf Hoellrich, MD

Mailing Address Slocum Orthopedics
55 Coburg Rd

City State Zip Code
Eugene OR 97401-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823755

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. James Ragan Gosey, Jr, MD | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 1850 Gause Blvd Ste 300 | Transaction ID: 28823766 |
| | City State Zip Code Slidell LA 70461-5434 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Eugene R Mindell, MD | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 705 Renaissance Dr Apt 218 | Transaction ID: 28823770 |
| | City State Zip Code Williamsville NY 14221-8030 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, MD | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 201 E Wendover Ave | Transaction ID: 28823771 |
| | City State Zip Code Greensboro NC 27401-1205 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1175.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 | |
| Mailing Address 12319 Brock Ave | | Transaction ID: 28823773 | |
| City Downey | State CA | Zip Code 90242-3503 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2300.00 | | |

B.

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 | |
| Mailing Address 198 Zorzal Street Montehiedra | | Transaction ID: 28823774 | |
| City San Juan | State PR | Zip Code 00926-7110 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

C.

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 | |
| Mailing Address 8314 SW 42nd Ave | | Transaction ID: 28823776 | |
| City Gainesville | State FL | Zip Code 32608-3655 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Florida | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Lloyd Parks, MD

Mailing Address 535 E 70th St

City State Zip Code
New York NY 10021-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital for Special Surgery
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823777

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael Tjarksen, MD

Mailing Address 1111 Delafield St Ste 120

City State Zip Code
Waukesha WI 53188-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Associates of Wisconsin
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823787

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Lewis Craig, III, MD

Mailing Address 4240 Foxbury Ct

City State Zip Code
Winston Salem NC 27104-1447

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialists
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823788

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address Orthopaedic Associates 619 Pointe North Blvd | | Transaction ID: 28823792 |
| City Albany | State GA | |
| Zip Code 31721-1514 | | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 450.00 |
| Name of Employer Orthopaedic Associates | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Douglas J McDonald, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address Ste 11300 West Pavillion One Barnes-Jewish Hosp Plaza | | Transaction ID: 28823793 |
| City Saint Louis | State MO | |
| Zip Code 63110 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer Washington Univ St Louis | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Denis R Clohisy, , MD | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address R200 2450 Riverside Ave South | | Transaction ID: 28823822 |
| City Minneapolis | State MN | |
| Zip Code 55455 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Univ of Minnesota | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 900.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Barry S Kraushaar, , MD

Mailing Address 2 Perlman Dr Ste 204

City State Zip Code
Spring Valley NY 10977-5230

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advanced Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: 28823823
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. James R Verheyden, , MD

Mailing Address 2200 NE Neff Rd Ste 200

City State Zip Code
Bend OR 97701-4281

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: 28823826
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bert C Callahan, , MD

Mailing Address 705 S University Ave Ste 150

City State Zip Code
Beaver Dam WI 53916-3071

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: 28823901
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. David A Friscia, MD
Mailing Address PO Box 1012
City Rancho Mirage State CA Zip Code 92270-1012
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 22 / 2008
Transaction ID: 28823902
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward Diao, MD
Mailing Address 450 Sutter St Ste 500
City San Francisco State CA Zip Code 94108-3907
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 22 / 2008
Transaction ID: 28823903
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert J Benz, MD
Mailing Address 2500 E Prospect Rd
City Fort Collins State CO Zip Code 80525-9718
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Center of the Rockies Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2008
Transaction ID: 28823908
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph E Broyles, , MD

Mailing Address 7301 Hennessy Blvd Ste 200

City State Zip Code
Baton Rouge LA 70808-4384

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bone & Joint Ctr of Baton Rouge Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 28823909

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James A Keeney, , MD

Mailing Address 102 Yaupon Trail

City State Zip Code
San Antonio TX 78256-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USAF Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 28847243

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. E Michael Keating, , MD

Mailing Address 1199 Hadley Rd

City State Zip Code
Mooresville IN 46158-1788

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Joint Replacement Surgeons of Indiana Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 28847244

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Robert B Snyder, , MD

Mailing Address 4230 Harding Rd Ste 1000

City State Zip Code
Nashville TN 37205-2098

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Orthopaedic Alliance
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 28847245

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Arya Nick Shamie, , MD

Mailing Address Dept of Orthopaedic Surgery
1245 16th St Ste 220

City State Zip Code
Santa Monica CA 90404-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 28847248

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas M Joseph, , MD

Mailing Address 17 Riverside St Ste 101

City State Zip Code
Nashua NH 03062-1383

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 28847256

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 113 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | |
|---|--|-------------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dr. Neal D Lintecum, , MD | | Date of Receipt | |
| | Mailing Address 1112 W 6th St Ste 124 | | M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28847258 |
| | Lawrence | KS | 66044-2249 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | | |

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD | | Date of Receipt | |
| | Mailing Address 7447 W Talcott Ave Ste 500 | | M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28847737 |
| | Chicago | IL | 60631-3716 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Northwest Orthopaedics | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|--|-------------------------------------|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Jeffrey Roberts, , MD | | Date of Receipt | |
| | Mailing Address 24723 Detroit Rd | | M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 28847738 |
| | Westlake | OH | 44145-2526 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Orthopaedic Associates | | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. David M Lintner, , MD

Mailing Address 6348 Mercer

City State Zip Code
Houston TX 77005-3346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Methodist Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 28847740

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph E Mumford, , MD

Mailing Address 909 SW Mulvane St

City State Zip Code
Topeka KS 66606-1677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kansas Orthopaedic & Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 28847741

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Craig J Della Valle, , MD

Mailing Address 1725 W Harrison St Ste 1063

City State Zip Code
Chicago IL 60612-3835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Midwest Orthopaedics at Rush Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 28847772

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Dicipinigitis, MD

Mailing Address 812 Edgewood Rd

City

State

Zip Code

Yardley

PA

19067-3163

FEC ID number of contributing federal political committee.

C

Name of Employer
Mercer Bucks Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 28847773

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Anthony DiPreta, MD

Mailing Address 1367 Washington Ave Ste 200

City

State

Zip Code

Albany

NY

12206-1043

FEC ID number of contributing federal political committee.

C

Name of Employer
Capital Region Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 28847774

Amount of Each Receipt this Period

556.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Martin Boyden, MD

Mailing Address 555 N Arlington Ave

City

State

Zip Code

Reno

NV

89503-4723

FEC ID number of contributing federal political committee.

C

Name of Employer
Reno Orthopedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 28847775

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1306.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Gerald W King, , MD

Mailing Address 600 Hospital Dr Ste 3

City State Zip Code
Clyde NC 28721-8046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Calhoun Orthopaedics, Inc. Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28849563

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

B.

Full Name (Last, First, Middle Initial)
Dr. Louis J Mariorenzi, , MD

Mailing Address 725 Reservoir Ave Ste 101

City State Zip Code
Cranston RI 02910-4450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedic Associates, Inc. Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28849564

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C.

Full Name (Last, First, Middle Initial)
Dr. Shepard R Hurwitz, , MD

Mailing Address 400 Silver Cedar Ct

City State Zip Code
Chapel Hill NC 27514-1585

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ABOS Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28849565

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

SUBTOTAL of Receipts This Page (optional)

| |
|--------|
| 950.00 |
|--------|

TOTAL This Period (last page this line number only)

| |
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| |
|--|

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Ronald R Romanelli, MD | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address Ortho Center of Illinois 3136 Old Jacksonville Rd #150 | Transaction ID: 28849566 |
| | City State Zip Code Springfield IL 62704-6487 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Orthopaedic Center of Illinois Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Bryan Klepper, MD | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address Chesapeake Orthopaedics 200 Hospital Dr 3rd Fl Ste 300 | Transaction ID: 28849612 |
| | City State Zip Code Glen Burnie MD 21061-5884 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Chesapeake Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Mark W Hollmann, MD | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 740 W Plymouth Ave | Transaction ID: 28849613 |
| | City State Zip Code Deland FL 32720-3282 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Florida Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Rick A Raimondo, MD

Mailing Address 737 Main St Ste 6
Tower Medical Bldg

City Lumberton State NJ Zip Code 08048-3089

FEC ID number of contributing federal political committee. **C**

Name of Employer Reconstructive Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 28849614
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R Cusmariu, MD

Mailing Address 833 St Vincents Dr
POB 3 Ste 403

City Birmingham State AL Zip Code 35205-1606

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialists of Alabama Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 28849617
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Kent Jason Lowry, MD

Mailing Address 444 E Timber Dr

City Rhinelander State WI Zip Code 54501-2852

FEC ID number of contributing federal political committee. **C**

Name of Employer Northland Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 28849618
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 113
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 |
| | | | | | | | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Mohammed-Tarek Al-Fahl, MD

Mailing Address 9715 Stonecross Bend Dr

City State Zip Code
Houston TX 77070-4399

FEC ID number of contributing federal political committee. **C**

Name of Employer: Texas Orthopaedic & Sports Medicine
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 28849621
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward Adrian Connolly, MD

Mailing Address 520 Valley View Dr

City State Zip Code
Moline IL 61265-6152

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic & Rheumatology Associates
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 28849622
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael C Albert, MD

Mailing Address 1 Childrens Plaza

City State Zip Code
Dayton OH 45404-1898

FEC ID number of contributing federal political committee. **C**

Name of Employer: Ortho Ctr for Spinal & Pediatric Care
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 28849623
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Howard L Berg, MD

Mailing Address 13 Medical Dr

City State Zip Code
Amarillo TX 79106-4121

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849624

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anthony R Mork, MD

Mailing Address 101 Microspine Way

City State Zip Code
Defuniak Springs FL 32435-6323

FEC ID number of contributing federal political committee. **C**

Name of Employer ECMS Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849625

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marc J Michaud, MD

Mailing Address 11 Cherry Ln

City State Zip Code
Bedford NH 03110-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer NH Orthopaedic Surgery, PA Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849633

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Robert C Martin, , DO

Mailing Address 901 N Winstead Ave Ste 210

City State Zip Code
Rocky Mount NC 27804-8745

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Regional Orthopaedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849634

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert M Dimick, , MD

Mailing Address 5651 Frist Blvd Ste 500

City State Zip Code
Hermitage TN 37076-2059

FEC ID number of contributing federal political committee. **C**

Name of Employer Premier Orthopaedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849635

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles H Alexander, , MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849636

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | | | |
|---|---|------------------------------------|------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD | | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 | | |
| | Mailing Address 8602 N Cardinal Dr | | | Transaction ID: 28849674 | | |
| | City | State | Zip Code | Amount of Each Receipt this Period | | |
| | Phoenix | AZ | 85028-6102 | 250.00 | | |
| | FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Scottsdale Orthopaedic Surgeons | | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | | |

| | | | | | | |
|---|--|-------------------------------------|------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD | | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 | | |
| | Mailing Address 2120 N MacArthur Blvd Ste 100 | | | Transaction ID: 28849675 | | |
| | City | State | Zip Code | Amount of Each Receipt this Period | | |
| | Irving | TX | 75061-2260 | 1000.00 | | |
| | FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | | | | |

| | | | | | | |
|---|---|------------------------------------|----------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD | | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 | | |
| | Mailing Address 74 B Centennial Loop Ste 300 | | | Transaction ID: 28849676 | | |
| | City | State | Zip Code | Amount of Each Receipt this Period | | |
| | Eugene | OR | 97401 | 125.00 | | |
| | FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 375.00 | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1375.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Joseph Young, MD

Mailing Address PO Box 22150

City State Zip Code
Hot Springs AR 71903-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Healthfirst Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849677

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Brent Smith, MD

Mailing Address 7321 NE 84th Terrace

City State Zip Code
Kansas City MO 64157-9584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northland Bone & Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849678

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John C Clohisy, MD

Mailing Address Dept of Ortho, CB 8233
660 S Euclid

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington University Medical School Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849701

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Ricardo J Rodriguez, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code
Baton Rouge LA 70810-7827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baton Rouge Orthopaedic Orthopaedic Surgeon
Clinic

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 28849702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas J Errico, MD

Mailing Address NYU Med Ctr
530 1st Ave Ste 8U

City State Zip Code
New York NY 10016-6402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NYU Medical School Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Levitsky, MD

Mailing Address 28-04 Broadway

City State Zip Code
Fair Lawn NJ 07410-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Garden State Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867841

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Henry W Hanff, MD

Mailing Address 5243 Hanff Ln

City State Zip Code
New Port Richey FL 34652-4226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florida Joint Replacement Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867842

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas P Obade, Jr, MD

Mailing Address 414 Tatum St

City State Zip Code
Woodbury NJ 08096-3499

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopaedics at Woodbury Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867843

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Pierce E Scranton, Jr, MD

Mailing Address 12333 NE 130th Lane Ste 400

City State Zip Code
Kirkland WA 98034-7467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867845

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 113
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Michael David Daubs, MD

Mailing Address 590 Wakara Way

City State Zip Code
Salt Lake City UT 84108-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Utah Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867848

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ricardo M Canals-Morales, MD

Mailing Address PO Box 360097

City State Zip Code
San Juan PR 00936-0097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867849

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Dr. James White Brodsky, MD

Mailing Address 411 N Washington Ste 7000, LB 14

City State Zip Code
Dallas TX 75246-1791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopedic Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 28867850

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 / 113 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Eric B Arvidson, , MD | Date of Receipt MM / DD / YYYY 11 / 03 / 2008 |
| | Mailing Address Essex Orthopaedics & Optima Spts M 16 Pelham Rd | Transaction ID: 28867851 |
| | City State Zip Code Salem NH 03079-2826 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Essex Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD | Date of Receipt MM / DD / YYYY 11 / 03 / 2008 |
| | Mailing Address 1005 S Hemlock St | Transaction ID: 28867852 |
| | City State Zip Code Iron Mountain MI 49801-3854 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. James Spiegel, , MD | Date of Receipt MM / DD / YYYY 11 / 03 / 2008 |
| | Mailing Address 1662 Dominican Way | Transaction ID: 28867853 |
| | City State Zip Code Santa Cruz CA 95065-1522 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Sutter Health Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Bill S Barnhill, , MD | | Date of Receipt |
| | Mailing Address 7000 W 9th Ave | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Amarillo | TX | 79106-1709 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: 28867854 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Thomas Lee Gautsch, , MD | | Date of Receipt |
| | Mailing Address PO Box 1686 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Gallatin | TN | 37066-1686 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: 28867855 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Robert R Protzman, , MD | | Date of Receipt |
| | Mailing Address 3955 Sarita Park | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Fort Worth | TX | 76109-4632 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: 28867856 |
| Name of Employer Univ of Northern Texas | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 61 / 113 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | |
|---|---|-----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. C Martin Persons, , MD | | Date of Receipt |
| | Mailing Address 1604 Hospital Pky Ste 402 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Bedford | TX | 76022-6932 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28867857 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|-----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Robert S Derkash, , MD | | Date of Receipt |
| | Mailing Address 1906 Blake Av #300 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Glenwood Springs | CO | 81601-4298 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28867858 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|--|-----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Gregory T Tadduni, , MD | | Date of Receipt |
| | Mailing Address 1 Bartol Ave Ste 100 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Ridley Park | PA | 19078-2214 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28867859 |
| Name of Employer Premier Orthopaedics | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Frank M Berkklacich, MD

Mailing Address 2011 Murphy Ave Ste 309

City Nashville State TN Zip Code 37203-2047

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 28867860

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Srdjan Mirkovic, MD

Mailing Address Northwestern Orthopaedic Institute
680 N Lake Shore Dr Ste 1028

City Chicago State IL Zip Code 60611-4451

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 28867861

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. John N Hall, MD

Mailing Address Atlantic Coast Ortho Specialists
414 Albemarle Sq

City Charlottesville State VA Zip Code 22901-7400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 28867862

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 63 / 113 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | |
|---|---|-----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. William C Nash, , MD | | Date of Receipt |
| | Mailing Address 1113 Woodland Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Elizabethtown | KY | 42701-2749 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28867863 |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|--|-----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Steven Harris Jones, , MD | | Date of Receipt |
| | Mailing Address 500 Hioaks Rd Ste B | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Richmond | VA | 23225-4061 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28867864 |
| Name of Employer West End Orthopaedic Clinic | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|-----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Kent A Reinker, , MD | | Date of Receipt |
| | Mailing Address 7703 Floyd Curl Dr MC 7774 Dept of Orthopaedics | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | San Antonio | TX | 78229-3901 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 28870256 |
| Name of Employer Univ TX Hlth Sci Ctr at San Antonio | | Occupation Orthopaedic Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Richard J Patterson, MD | Date of Receipt MM / DD / YYYY 11 / 06 / 2008 |
| | Mailing Address Bone and Joint Spec of Winchester 190 Campus Blvd MOB 2 Ste 310 | Transaction ID: 28870257 |
| | City Winchester State VA Zip Code 22601-2872 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Bone and Joint Spec of Winchester Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. G Gustave Hodge, MD | Date of Receipt MM / DD / YYYY 11 / 06 / 2008 |
| | Mailing Address 519 16th St | Transaction ID: 28870258 |
| | City Bellingham State WA Zip Code 98225-6314 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Daniel Lee, MD | Date of Receipt MM / DD / YYYY 11 / 06 / 2008 |
| | Mailing Address 10521 Shoalhaven Dr | Transaction ID: 28870259 |
| | City Las Vegas State NV Zip Code 89134-7425 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Nevada Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 875.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. Michael S Petersen, , MD

Mailing Address Valley Oak Orthopaedics
2031 Anderson Rd Ste A

City State Zip Code
Davis CA 95616-0621

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Oak Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870260

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. P Gregory Askins, , MD

Mailing Address 404 State St

City State Zip Code
Bangor ME 04401-6623

FEC ID number of contributing federal political committee. **C**

Name of Employer Down East Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870291

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen D Landaker, , MD

Mailing Address 1600 Esplanade Ste C

City State Zip Code
Chico CA 95926-3369

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870292

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1285.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 113

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Bruce A Seideman, MD

Mailing Address 10 Meadowood Ln

City State Zip Code
Glen Head NY 11545-2627

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Associates of Manhattan

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870293

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. R Pepper Murray, MD

Mailing Address 1551 S Renaissance Town Dr Ste 400

City State Zip Code
Bountiful UT 84010-7676

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870294

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Ian Lin, MD

Mailing Address 104 Foster Dr

City State Zip Code
Des Moines IA 50312-2538

FEC ID number of contributing federal political committee. **C**

Name of Employer
Des Moines Ortho

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 28870295

Amount of Each Receipt this Period
1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 113
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Michael J Prayson, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address Miami Valley Hospital 30 E Apple St Ste 2200 | | Transaction ID: 28870972 |
| City Dayton | State OH | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Wright State University | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address Inter-Community Prof Plaza 315 N 3rd Ave Ste 302 | | Transaction ID: 28870983 |
| City Covina | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Andrew P Gutow, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address 741 Westminster Ln | | Transaction ID: 28870986 |
| City Los Altos | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Palo Alto Orthopaedics Medical | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. David M Dines, , MD

Mailing Address 935 Northern Blvd Ste 303

City State Zip Code
Great Neck NY 11021-5328

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 28870990

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert H Anschuetz, , MD

Mailing Address 6770 Mayfield Rd Ste 441

City State Zip Code
Mayfield Heights OH 44124-2299

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 28870991

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lesley J Anderson, , MD

Mailing Address 2100 Webster St Ste 309

City State Zip Code
San Francisco CA 94115-2376

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 28870993

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Ronald W Smith, , MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address 2651 Elm Ave Ste 205 | Transaction ID: 28870994 |
| | City State Zip Code Long Beach CA 90806-1638 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Blane William McCoy, , MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste 100 | Transaction ID: 28871000 |
| | City State Zip Code Parma OH 44129-5469 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Southwest Orthopedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Mark J Geppert, , MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address Marsh Brook Professional Ctr 7 Marsh Brook Dr Ste 205 | Transaction ID: 28871001 |
| | City State Zip Code Somersworth NH 03878-1517 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. George Naseef, MD

Mailing Address 843 Mountain Ave

City State Zip Code
New Providence NJ 07974-1212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NJ Spine Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 28871002

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John M Aversa, MD

Mailing Address 2408 Whitney Ave

City State Zip Code
Hamden CT 06518-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Connecticut Orthopaedic Specialists Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 28871003

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. J Gordon Rawles, Jr, MD

Mailing Address 1400 Johnston Willis Dr Ste A

City State Zip Code
Richmond VA 23235-4765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West End Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 28871005

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 113
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Richard E Grant, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address Dept of Ortho Surgery 11100 Euclid Ave | | Transaction ID: 28871006 |
| City Cleveland | State OH | Zip Code 44106-1716 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address 4815 Liberty Ave Ste 250 | | Transaction ID: 28871007 |
| City Pittsburgh | State PA | Zip Code 15224-2156 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 118.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 368.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD | | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| Mailing Address 2 Celeste Dr | | Transaction ID: 28871009 |
| City Johnstown | State PA | Zip Code 15905-2832 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Western PA Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 568.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 113 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address Professional Office Bldg 2 1 Medical Center Blvd | Transaction ID: 28871024 |
| | City State Zip Code Chester PA 19013-3902 | Amount of Each Receipt this Period 83.34 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Patrick J Vaughan, MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address 9412 Beachwood Dr NW | Transaction ID: 28871026 |
| | City State Zip Code Gig Harbor WA 98332-6306 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Brereton B Strafford, MD | Date of Receipt MM / DD / YYYY 11 / 07 / 2008 |
| | Mailing Address Cascade Orthopaedics 122 3rd St NE | Transaction ID: 28871028 |
| | City State Zip Code Auburn WA 98002-4013 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 833.34 |
| TOTAL This Period (last page this line number only) | 87917.34 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 113

(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Chicago | IL | 60675 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

| | |
|---|--------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 23073.77 |
|---|--------------------------------------|

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 1 0 / 3 1 / 2 0 0 8 |

Transaction ID: 28885668

Amount of Each Receipt this Period
10.46

Interest received on bank account

B.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Chicago | IL | 60675 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

| | |
|---|--------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 24704.83 |
|---|--------------------------------------|

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 1 0 / 3 1 / 2 0 0 8 |

Transaction ID: 28885669

Amount of Each Receipt this Period
1631.06

Interest received on bank account

SUBTOTAL of Receipts This Page (optional)

1641.52

TOTAL This Period (last page this line number only)

1641.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Ellsworth For Congress Committee | Transaction ID: 28777524 Date of Disbursement |
| | Mailing Address P.O. Box 62 | <input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Evansville State IN Zip Code 47701 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="5000.00"/> |
| | Candidate Name Rep. Brad Ellsworth | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Boyd For Congress | Transaction ID: 28777528 Date of Disbursement |
| | Mailing Address P.O. Box 15703 | <input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Tallahassee State FL Zip Code 32317 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name Rep. Allen Boyd | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Frelinghuysen For Congress | Transaction ID: 28777530 Date of Disbursement |
| | Mailing Address 19 Cattano Ave | <input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Morristown State NJ Zip Code 07960 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="3000.00"/> |
| | Candidate Name Rodney P. Frelinghuysen | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="10000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc. | Transaction ID: 28777532 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address P.O. Box 714 | Amount of Each Disbursement this Period 2500.00 |
| | City Hackensack State NJ Zip Code 07602 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Steven R. Rothman | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Pascrell For Congress | Transaction ID: 28777533 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address P.O. Box 640 | Amount of Each Disbursement this Period 2500.00 |
| | City Totowa State NJ Zip Code 07511 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. William J. Pascrell, Jr. | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Kuhl For Congress | Transaction ID: 28777535 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address 10 Ganesvoort Street Suite 101 | Amount of Each Disbursement this Period 1000.00 |
| | City Bath State NY Zip Code 14810 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. John Randall Kuhl, Jr. | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Wolverine PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Wolverine PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 28777537</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Our Future PAC</p> <p>Mailing Address 1155 21st Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Our Future PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 28777538</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address PO Box 2323 Suite 5300</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 05 2008 Congressional G</p> | <p>Transaction ID: 28777539</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |

| | |
|--|--|
| SUBTOTAL of Disbursements This Page (optional) | <div style="border: 1px solid black; padding: 5px;">15000.00</div> |
| TOTAL This Period (last page this line number only) | <div style="border: 1px solid black; padding: 5px; height: 20px;"></div> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Steve Austria For Congress | Transaction ID: 28777540 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 20 S Limestone St Suite 390 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Springfield State OH Zip Code 45502 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>5000.00</td></tr></table> | 5000.00 | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Mr. Steve Austria | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Stivers For Congress | Transaction ID: 28777541 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 81 S Fifth Street | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Columbus State OH Zip Code 43215 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>2500.00</td></tr></table> | 2500.00 | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Mr. Steve Stivers | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated | Transaction ID: 28777543 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 5555 South Street | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Lincoln State NE Zip Code 68506 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>2000.00</td></tr></table> | 2000.00 | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Mr. Michael Johanns | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>9500.00</td></tr></table> | 9500.00 |
| 9500.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen | Transaction ID: 28777545 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address P.O. Box 44369 250 Prairie Center Drive | Amount of Each Disbursement this Period 2500.00 |
| | City Eden Prairie State MN Zip Code 55344 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Mr. Erik Paulsen | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Schock For Congress | Transaction ID: 28777546 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address PO Box 10555 | Amount of Each Disbursement this Period 2500.00 |
| | City Peoria State IL Zip Code 61612 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Aaron Schock | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee | Transaction ID: 28777547 Date of Disbursement 10 / 16 / 2008 |
| | Mailing Address 407 W Jefferson Street | Amount of Each Disbursement this Period 2500.00 |
| | City Boise State ID Zip Code 83702 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Mr. James Risch | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: ID District: 02</p> | <p>Transaction ID: 28777549 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mcclintock For Congress</p> <p>Mailing Address 2150 River Plaza Dr. #150</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Thomas McClintock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: CA District: 04</p> | <p>Transaction ID: 28777550 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Gregg Harper For Congress</p> <p>Mailing Address Post Office Box 54344</p> <p>City Pearl State MS Zip Code 39288</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Gregg Harper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: MS District: 03</p> | <p>Transaction ID: 28777552 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Sue Myrick For Congress | Transaction ID: 28782566 Date of Disbursement |
| | Mailing Address P.O. Box 37091 | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Charlotte State NC Zip Code 28237 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name Rep. Sue Wilkins Myrick | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC) | Transaction ID: 28782879 Date of Disbursement |
| | Mailing Address 499 S. Capitol Street, SW Suite 412 | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="3500.00"/> |
| | Candidate Name Help Elect America's Team (HEAT PAC) | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller | Transaction ID: 28783178 Date of Disbursement |
| | Mailing Address PO Box 1909 | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Charleston State WV Zip Code 25327 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="3000.00"/> |
| | Candidate Name Sen. John D. Rockefeller, IV | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="8500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28783749</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress</p> <p>Mailing Address P. O. Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28784036</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28784166</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 9500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address Post Office Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 28784353</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28784386</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28784387</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Friends Of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Rep. John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28784389 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 424 C Street, NE Basement Unit <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name The Freedom Project <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28784393 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Schmidt For Congress Committee <hr/> Mailing Address 771 Wards Corner Rd <hr/> City Loveland State OH Zip Code 45140 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Rep. Jean Schmidt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28784829 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <div style="border: 1px solid black; padding: 5px;">12500.00</div> |
| TOTAL This Period (last page this line number only) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address P.O. Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Fortney Peter Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823959 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| B. Full Name (Last, First, Middle Initial) Solis For Congress <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Hilda L. Solis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823960 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| C. Full Name (Last, First, Middle Initial) Lewis For Congress Committee <hr/> Mailing Address P.O. Box 247 <hr/> City Redlands State CA Zip Code 92373 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jerry Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823961 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1500.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Mike Honda For Congress <hr/> Mailing Address P.O. Box 8180 <hr/> City San Jose State CA Zip Code 95155 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael M. Honda <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823971 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1500.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| B. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress <hr/> Mailing Address 555 Capitol Mall, Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Anna G. Eshoo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823972 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| C. Full Name (Last, First, Middle Initial) Friends Of Lois Capps <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28823973 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Becerra For Congress | Transaction ID: 28823974 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address P.O. Box 261060 | Amount of Each Disbursement this Period 2000.00 |
| | City Los Angeles State CA Zip Code 90026 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Xavier Becerra | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate | Transaction ID: 28823975 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address PO Box 2720 | Amount of Each Disbursement this Period 2000.00 |
| | City Little Rock State AR Zip Code 72203 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Sen. Mark L. Pryor | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee | Transaction ID: 28823976 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address PO Box 360 | Amount of Each Disbursement this Period 4000.00 |
| | City Prescott State AR Zip Code 71857 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Michael A. Ross | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Marion Berry For Congress | Transaction ID: 28823977 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address P.O. Box 8084 | Amount of Each Disbursement this Period 1000.00 |
| | City Jonesboro State AR Zip Code 72403 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Marion Berry | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: AR District: 01 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm. | Transaction ID: 28823979 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 8665 Wilshire Blvd #220 | Amount of Each Disbursement this Period 5000.00 |
| | City Beverly Hills State CA Zip Code 90211 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Henry A. Waxman | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: CA District: 29 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Larson For Congress | Transaction ID: 28823980 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 29 Ruff Circle | Amount of Each Disbursement this Period 5000.00 |
| | City Glastonbury State CT Zip Code 06033 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. John B. Larson | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: CT District: 01 | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel | Transaction ID: 28823981 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 845 West Wolfram St. | Amount of Each Disbursement this Period 2000.00 |
| | City Chicago State IL Zip Code 60657 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Rahm Emanuel | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: IL District: 05 | |
| B. | Full Name (Last, First, Middle Initial) Citizens For Rush | Transaction ID: 28823982 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address P. O. Box 7292 | Amount of Each Disbursement this Period 2000.00 |
| | City Chicago State IL Zip Code 60680 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Bobby L. Rush | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: IL District: 01 | |
| C. | Full Name (Last, First, Middle Initial) Volunteers For Shimkus | Transaction ID: 28823983 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address PO Box 5458 | Amount of Each Disbursement this Period 2000.00 |
| | City Springfield State IL Zip Code 62705 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. John M. Shimkus | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | State: IL District: 19 | |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Visclosky For Congress</p> <p>Mailing Address P.O. Box 10003</p> <p>City Merrillville State IN Zip Code 46411</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Peter J. Visclosky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: IN District: 01</p> | <p>Transaction ID: 28823984 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: IN District: 04</p> | <p>Transaction ID: 28823987 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Kansans For Tiahrt</p> <p>Mailing Address 2250 N Rock Road Suite 118a</p> <p>City Wichita State KS Zip Code 67226</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Todd Tiahrt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: KS District: 04</p> | <p>Transaction ID: 28823988 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts <hr/> Mailing Address PO Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Joseph R. Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824026 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | 011 Category/ Type |
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|---|--|
| B. Full Name (Last, First, Middle Initial) Fleming For Congress <hr/> Mailing Address P.O. Box 1236 Box 281 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Fleming <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824027 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | 011 Category/ Type |
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|---|--|
| C. Full Name (Last, First, Middle Initial) Doyle For Congress Committee <hr/> Mailing Address 205 Hawthorne Court <hr/> City Pittsburgh State PA Zip Code 15221 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael F. Doyle <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824030 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | 011 Category/ Type |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of Gordon Smith</p> <p>Mailing Address 228 S Washington Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Gordon H. Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:</p> | <p>Transaction ID: 28824031 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: OK District: 01 2008 Congressional G</p> | <p>Transaction ID: 28824033 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Kaptur For Congress</p> <p>Mailing Address P.O. Box 899</p> <p>City Toledo State OH Zip Code 43697</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Marcy Kaptur</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: OH District: 09 2008 Congressional G</p> | <p>Transaction ID: 28824034 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 113

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Engel For Congress Mailing Address 462 California Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824035 Date of Disbursement 10 / 22 / 2008 Amount of Each Disbursement this Period 1500.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824037 Date of Disbursement 10 / 22 / 2008 Amount of Each Disbursement this Period 5000.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Porter For Congress Mailing Address 7840 Red Leaf Drive City Las Vegas State NV Zip Code 89131 Purpose of Disbursement Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28824038 Date of Disbursement 10 / 22 / 2008 Amount of Each Disbursement this Period 3000.00 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin</p> <p>Mailing Address 10 G Street Ne, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Carl Levin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:</p> | <p>Transaction ID: 28824040 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 08 2008 Congressional G</p> | <p>Transaction ID: 28824041 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 01 2008 Congressional G</p> | <p>Transaction ID: 28824043 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A. Continuing a Majority Party Political Action Comm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Continuing a Majority Party Political Action Comm</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 28824045</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>B. Dave Camp For Congress 2010</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: MI District: 04</p> | <p>Transaction ID: 28824046</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Citizens For Cochran</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 7183</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Thad Cochran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MS District:</p> | <p>Transaction ID: 28824048</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc <hr/> Mailing Address 607 14th Street Nw Suite 800 Suite 1434 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Sen. Mary L. Landrieu <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28824049 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div> |
| B. | Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc <hr/> Mailing Address PO Box 433 <hr/> City Great Bend State KS Zip Code 67530 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Sen. Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28824050 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div> |
| C. | Full Name (Last, First, Middle Initial) Friends Of John Tanner <hr/> Mailing Address Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Rep. John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G | Transaction ID: 28829063 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> |

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|--|---|
| SUBTOTAL of Disbursements This Page (optional) | <div style="border: 1px solid black; padding: 5px;">9500.00</div> |
| TOTAL This Period (last page this line number only) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Alexander For Senate 2014 Inc Mailing Address 228 S Washington Street Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement 011 Candidate Name Sen. Lamar Alexander Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: | Transaction ID: 28829064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> |
| B. | Full Name (Last, First, Middle Initial) Doggett For Us Congress Mailing Address PO Box 5843 City Austin State TX Zip Code 78763 Purpose of Disbursement 011 Candidate Name Rep. Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G State: TX District: 25 | Transaction ID: 28829065 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> |
| C. | Full Name (Last, First, Middle Initial) Ciro Rodriguez For Congress Mailing Address PO Box 14528 City San Antonio State TX Zip Code 78214 Purpose of Disbursement 011 Candidate Name Rep. Ciro Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G State: TX District: 23 | Transaction ID: 28829067 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> |

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|--|--|
| SUBTOTAL of Disbursements This Page (optional) | <div style="border: 1px solid black; padding: 5px;">8500.00</div> |
| TOTAL This Period (last page this line number only) | <div style="border: 1px solid black; padding: 5px; height: 20px;"></div> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 715 Jones Street, Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28829068</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28829069</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall - Rockwall)</p> <p>Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28829071</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Cantor For Congress | Transaction ID: 28829072 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address P. O. Box 17813 | Amount of Each Disbursement this Period 2500.00 |
| | City Richmond State VA Zip Code 23226 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Eric I. Cantor | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

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|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERIC) PAC | Transaction ID: 28829073 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address 25 East Main Street Suite 200 | Amount of Each Disbursement this Period 2500.00 |
| | City Richmond State VA Zip Code 23219 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Every Republican Is Crucial (ERIC) PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Moran For Congress | Transaction ID: 28829075 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address 311 North Washington Street Suite 200I | Amount of Each Disbursement this Period 2500.00 |
| | City Alexandria State VA Zip Code 22314 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. James P. Moran | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

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| SUBTOTAL of Disbursements This Page (optional) | 7500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Norm Dicks For Congress | Transaction ID: 28829079 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address PO Box 1663 | Amount of Each Disbursement this Period 5000.00 |
| | City Tacoma State WA Zip Code 98401 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Norman D. Dicks | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Ryan For Congress | Transaction ID: 28829080 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address P. O. Box 1919 | Amount of Each Disbursement this Period 1000.00 |
| | City Janesville State WI Zip Code 53547 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Paul Ryan | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress | Transaction ID: 28829081 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address P.O. Box 696 | Amount of Each Disbursement this Period 2500.00 |
| | City Madison State WI Zip Code 53701 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Tammy Baldwin | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

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| SUBTOTAL of Disbursements This Page (optional) | 8500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Kind For Congress Committee | Transaction ID: 28829082 Date of Disbursement |
| | Mailing Address 205 5th Avenue South Suite 428 | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
| | City La Crosse State WI Zip Code 54601 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2500.00"/> |
| | Candidate Name Rep. Ron Kind | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Enzi For Us Senate | Transaction ID: 28829083 Date of Disbursement |
| | Mailing Address PO Box 2775 | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
| | City Cody State WY Zip Code 82414 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="5000.00"/> |
| | Candidate Name Sen. Michael B. Enzi | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Mike Pence Committee | Transaction ID: 28829529 Date of Disbursement |
| | Mailing Address P. O. Box 408 | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
| | City Anderson State IN Zip Code 46015 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2500.00"/> |
| | Candidate Name Rep. Michael R. Pence | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="10000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Tiger Pac | Transaction ID: 28829530 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address PO Box 312 | Amount of Each Disbursement this Period 1000.00 |
| | City Columbia State MO Zip Code 65295 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Judith Baker | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Leading Us In Success (LUIS) PAC | Transaction ID: 28829531 Date of Disbursement 10 / 23 / 2008 |
| | Mailing Address 7315 Wisconsin Avenue Suite 310 East | Amount of Each Disbursement this Period 5000.00 |
| | City Bethesda State MD Zip Code 20814 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Leading Us In Success (LUIS) PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Tim Walz For Us Congress | Transaction ID: 28842368 Date of Disbursement 10 / 27 / 2008 |
| | Mailing Address PO Box 938 | Amount of Each Disbursement this Period 2000.00 |
| | City Mankato State MN Zip Code 56002 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Timothy Walz | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 103 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Leadership for America's Future (LEAD PAC)</p> <p>Mailing Address 228 S. Washington Street #115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Leadership for America's Future (LEAD PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: 28860363 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: KY District: 02 2008 Congressional G</p> | <p>Transaction ID: 28860365 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz</p> <p>Mailing Address 315 Westfield Circle</p> <p>City Alpine State UT Zip Code 84004</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Jason Chaffetz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: UT District: 03 2008 Congressional G</p> | <p>Transaction ID: 28860366 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

| | |
|--|--|
| SUBTOTAL of Disbursements This Page (optional) | 10000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave. Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Cynthia Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28860367</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Rangel For Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28865619</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> | <p>Transaction ID: 28865621</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

| | |
|--|--|
| SUBTOTAL of Disbursements This Page (optional) | 10000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Roy Blunt | Transaction ID: 28869675 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address PO Box 50100 | Amount of Each Disbursement this Period -2500.00 |
| | City Springfield State MO Zip Code 65805 | |
| | Purpose of Disbursement Void-exceed max contribution | 011 Category/Type |
| | Candidate Name Rep. Roy Blunt | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | | Void-exceed max contribution |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Minnick For Congress | Transaction ID: 28869700 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address P O Box 306 | Amount of Each Disbursement this Period -2000.00 |
| | City Boise State ID Zip Code 83701 | |
| | Purpose of Disbursement Void - Minnick For Congress | 011 Category/Type |
| | Candidate Name Mr. Walter Minnick | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | | Void - Minnick For Congress |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Chambliss For Senate | Transaction ID: 28871156 Date of Disbursement 11 / 07 / 2008 |
| | Mailing Address Post Office Box 12469 | Amount of Each Disbursement this Period 5000.00 |
| | City Atlanta State GA Zip Code 30355 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Sen. Saxby Chambliss | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2008 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Adler For Congress | Transaction ID: 28912308 Date of Disbursement 11 / 21 / 2008 |
| | Mailing Address 14 Knightswood Drive | Amount of Each Disbursement this Period 3000.00 |
| | City Marlton State NJ Zip Code 08053 | |
| | Purpose of Disbursement DEBT RETIREMENT Candidate Name Mr. John Adler | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | | DEBT RETIREMENT |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Fleming For Congress | Transaction ID: 28912312 Date of Disbursement 11 / 21 / 2008 |
| | Mailing Address P.O. Box 1236 Box 281 | Amount of Each Disbursement this Period 2000.00 |
| | City Minden State LA Zip Code 71058 | |
| | Purpose of Disbursement DEBT RETIREMENT Candidate Name Mr. John Fleming | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G |
| | | DEBT RETIREMENT |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) The National Leadership PAC | Transaction ID: 28912313 Date of Disbursement 11 / 21 / 2008 |
| | Mailing Address PO Box 5577 | Amount of Each Disbursement this Period 5000.00 |
| | City New York State NY Zip Code 10027 | |
| | Purpose of Disbursement Candidate Name The National Leadership PAC | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 / 113

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Lance For Congress

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067

Purpose of Disbursement
DEBT RETIREMENT

Candidate Name
Rep. Leonard Lance

Office Sought: House
 Senate
 President

State: NJ District: 07

Disbursement For: 2008
 Primary General

Other (specify) ▼
2008 Congressional G

Transaction ID: 28912314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

DEBT RETIREMENT

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 113

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Andy Harris For Congress Mailing Address PO Box 1527 City Annapolis State MD Zip Code 21404 Purpose of Disbursement Recount2008 Candidate Name Mr. Andrew Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28870290 Date of Disbursement 11 / 06 / 2008 |
| | Amount of Each Disbursement this Period 5000.00 |
| B. Full Name (Last, First, Middle Initial) Coleman For Senate 08 Mailing Address 680 Transfer Road Suite A City St Paul State MN Zip Code 55114 Purpose of Disbursement Recount2008 Candidate Name Sen. Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28871158 Date of Disbursement 11 / 07 / 2008 |
| | Amount of Each Disbursement this Period 5000.00 |

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 113

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from bank account Candidate Name | Transaction ID: 28885670 Date of Disbursement 11 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1348.46 <hr/> Bank fees deducted from bank account |
| | |
| B. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name | Transaction ID: 28885671 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 672.73 <hr/> Bank fees deducted from account |
| | |

SUBTOTAL of Disbursements This Page (optional) ►

2021.19

TOTAL This Period (last page this line number only) ►

2021.19

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|--|
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons | FEC IDENTIFICATION NUMBER ▼ C C00343137 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

City State Zip Code
Baltimore MD 21264-2289

Purpose of Expenditure Category/Type
Direct Mail & Radio Advertisements 10/22 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Susan M. Collins

Calendar Year-To-Date Per Election for Office Sought 190530.00

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Amount
190530.00

Transaction ID: 28787592

Office Sought: House State: ME
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

City State Zip Code
Baltimore MD 21264-2289

Purpose of Expenditure Category/Type
Radio Advertisements start 10/22/08 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. John A. Barrasso, MD

Calendar Year-To-Date Per Election for Office Sought 9900.00

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Amount
9900.00

Transaction ID: 28787607

Office Sought: House State: WY
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | 200430.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb, III, MD
Signature

Date M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|--|
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons | FEC IDENTIFICATION NUMBER ▼ C C00343137 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

City State Zip Code
Baltimore MD 21264-2289

Purpose of Expenditure
Radio Advertisements start 10/22/08

Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Thomas E. Price, M.D.

Calendar Year-To-Date Per Election for Office Sought 50000.00

Date
M M / D D / Y Y Y Y
10 / 22 / 2008

Amount
50000.00

Transaction ID: 28787609

Office Sought: House State: GA
 Senate District: 06
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : 2008 Congressional G 2008

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

City State Zip Code
Baltimore MD 21264-2289

Purpose of Expenditure
Direct Mail & Radio Advertisements 10/22

Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Mark Steven Kirk

Calendar Year-To-Date Per Election for Office Sought 43675.00

Date
M M / D D / Y Y Y Y
10 / 22 / 2008

Amount
43675.00

Transaction ID: 28808168

Office Sought: House State: IL
 Senate District: 10
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : 2008 Congressional G 2008

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | 93675.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb, III, MD
Signature

Date 04 / 20 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|---|
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons | FEC IDENTIFICATION NUMBER C C00343137 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

Amount
199400.00

City State Zip Code
Baltimore MD 21264-2289

Transaction ID: 28787601
Office Sought: House State: MN
 Senate District: _____
 Presidential

Purpose of Expenditure
Direct Mail & Radio Advertisements 10/23
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Norm Coleman

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
199400.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
The White House Writers Group

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Mailing Address
P.O. Box 62289
Attn: Clark S Judge

Amount
99300.00

City State Zip Code
Baltimore MD 21264-2289

Transaction ID: 28787611
Office Sought: House State: MD
 Senate District: 01
 Presidential

Purpose of Expenditure
Direct Mail & Radio Advertisements 10/23
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Mr. Andrew Harris

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
99300.00

Disbursement For: Primary General
 Other (specify) : 2008 Congressional G
2008

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 298700.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb, III, MD
Signature

Date M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons | | FEC IDENTIFICATION NUMBER C C00343137 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8 | |
| Full Name (Last, First, Middle, Initial) of Payee The White House Writers Group | | Amount 75000.00 | |
| Mailing Address P.O. Box 62289 Attn: Clark S Judge | | Transaction ID: 28830093 | |
| City Baltimore | State MD | Zip Code 21264-2289 | Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential |
| Purpose of Expenditure Radio Advertisements 10/24/08 | | Category/ Type 004 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate supported or Opposed by expenditure: Rep. John B. Shadegg | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2008 Congressional G 2008 | |
| Calendar Year-To-Date Per Election for Office Sought | | 75000.00 | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | 75000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 667805.00 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | |
| William J. Robb, III, MD Signature | Date M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 |